



Aligned for Impact

The Missouri Plan for Asthma Care Management

Goals & Objectives for Asthma Care Improvement in Missouri

2020-2024



About Missouri Asthma

Prevention and Control Program

Established in 2001 with a planning grant from the Centers for Disease Control and Prevention (CDC), the Missouri Asthma Prevention and Control Program (MAPCP) is a public health service provided by the State of Missouri Department of Health and Senior Services. The mission of MAPCP is to reduce the impact of asthma in Missouri, through improving quality of life and decreasing direct and indirect economic losses.

Aligned with national objectives outlined in Healthy People 2030, MAPCP organizes its work around goals and objectives described in *Aligned for Impact: The Missouri Plan for Asthma Care Management* (2020-2024), a comprehensive state asthma plan.

In 2020, MAPCP embarked on a new five-year cooperative agreement with the CDC to continue addressing asthma from a public health perspective with coordinated strategies to maximize reach, impact, efficiency and sustainability of comprehensive asthma control services and make substantial contributions toward health equity, especially for children.

MAPCP work aligns with CDC's [EXHALE framework](#) and in pursuit of [CCARE goals](#).

MISSION

to reduce the impact of asthma in Missouri, through improving quality of life and decreasing direct and indirect economic losses.





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<https://health.mo.gov/living/healthcondiseases/chronic/asthma/>

Our Approach

As a collection of statewide and regional partners, the Missouri Asthma Prevention and Control Program (MAPCP) is committed to **aligning resources to achieve common goals**. We want to be recognized widely for supporting relationships that make meaningful change possible. We focus on the needs of vulnerable communities and racial minorities to advance health equity across Missouri. There is **urgency to our work** because we address child health, including the prevention of death. The strategies we promote and provide will impact child well-being now ... with benefits extending through adulthood. Always informed by sound scientific evidence, we adapt quickly to the changing needs of children, healthcare systems, and society. Our experience as well as national guidelines compel us to bring leaders together and coordinate multiple strategies to fulfill our mission. **We are collective impact in action.**



We want to be recognized widely for supporting relationships that make meaningful change possible.



Who Do We Serve?

The MAPCP supports all children (ages 0 to 17) with poorly controlled asthma across Missouri. Priority projects improve direct access to school-, home- and community-based services especially **for low-income and/or African-American children living in urban and rural communities**. Working through partnerships, MAPCP influences access, care quality and community linkages at a level that can scale statewide and benefit tens of thousands of children and families. Choosing communities for system-based strategies is based on attributes such as **child health disparities, poverty, asthma burden, and partner implementation capabilities**. While maintaining a focus on children, many MAPCP strategies extend benefits to broader population groups, such as promoting team-based care, improving reimbursement for asthma care services, and driving quality improvement in clinical care.



guided by SURVEILLANCE DATA

Surveillance data informs the selection of geographic areas for interventions and collaborations. The map below highlights zip codes where children with poorly controlled asthma live (per HEDIS measure method).

MAPCP's multi-component approach to asthma care is focused in geographic areas that have high rates of poverty, the largest African American populations (Kansas City, St. Louis and the Southeast Bootheel), and/or the highest rates of hospitalization and emergency department visits for children/adolescents. The MAPCP's approach to EXHALE implementation is tailored regionally based on available assets, local leadership, and collaboration opportunities.



Goals

1. **LEADERSHIP**. Connect leaders who influence the availability of resources for people with asthma.
2. **POPULATION HEALTH**. Support clinical quality improvement and population health management practices of healthcare systems that serve low-income and minority communities.
3. **HOME ENVIRONMENT**. Expand use of environmental health assessment services to reduce triggers.
4. **SCHOOLS & SCHOOL NURSES**. Equip schools to provide self-management support and coordinate care with health plans and primary care providers.
5. **TECHNOLOGY**. Enable information technologies with statewide scalability.
6. **ADVOCACY**. Guide advocacy with data and stories of how partners and programs impact human life.

Objectives

goal

LEADERSHIP. Connect leaders who influence the availability of resources for people with asthma.

- 1.1 build coalition of health plans
- 1.2 assist community leaders with designing interventions

goal

POPULATION HEALTH. Support clinical quality improvement and population health management practices of healthcare systems that serve low-income and minority communities.

- 2.1 support health home model of care
- 2.2 leverage community-based resources for care coordination
- 2.3 promote effective approaches to telehealth visits
- 2.4 inform clinical decision-making with claims data
- 2.5 target data analytics on health disparities



Objectives

goal

HOME ENVIRONMENT. Expand use of environmental health assessment services to reduce triggers.

- 3.1 build capacity in all counties
- 3.2 enable centralized referral/request service
- 3.3 support community-based initiatives

goal

TECHNOLOGY. Enable information technologies with statewide scalability.

- 4.1 strengthen telehealth asthma care and self-management education
- 4.2 optimize EHRs to promote evidence-based care
- 4.3 test new technologies that enhance self-management



Objectives

goal

SCHOOLS & SCHOOL NURSES. Equip schools to provide self-management support and coordinate care with health plans and primary care providers.

- 5.1 standardize assessment of asthma control status
- 5.2 share information with primary care providers
- 5.3 assure guidelines-based care in school clinics
- 5.4 link families to health plan disease management services

goal

ADVOCACY. Guide advocacy with data and stories of how partners and programs impact human life.

- 6.1 synthesize evidence to inform decision-makers
- 6.2 collaborate to design and implement program evaluation plans



Since 2001 Missouri has received support from and partnered with the CDC National Asthma Control Program. We embrace national CCARE goals and the EXHALE framework for strategies to improve asthma for children.



What is CCARE?

CCARE, Controlling Childhood Asthma and Reducing Emergencies, is CDC's new objective of preventing 500,000 Emergency Department (ED) visits and hospitalizations due to asthma by August 31, 2024.

<https://www.cdc.gov/asthma/ccare.htm>



What is EXHALE?

EXHALE a set of six strategies that contribute to better asthma control for both children and adults and deliver the greatest impact when used together.

<https://www.cdc.gov/asthma/exhale>



Our Statewide and Regional Partners

Allergy and Asthma Foundation
Asthma Ready Communities – University of Missouri Child Health
Breathe Up Kansas City
Black Health Care Coalition of Kansas City
Health Forward Foundation
Managed Medicaid Health Plans (Anthem/Healthy Blue, Home State Health, United Healthcare)
Missouri Association of School Nurses
Missouri Coordinated School Health Program
Missouri Foundation for Health
Missouri Healthy Schools (Department of Elementary and Secondary Education)
Missouri Hospital Association and Hospital Industry Data Institute
Missouri Pharmacy Association

Missouri Primary Care Association
Missouri School Boards Association
Missouri Tobacco Prevention and Control Program
MO HealthNet (aka, Medicaid)
Saint Louis County Department of Health
Saint Louis University
Show-Me School-based Health Coalition
Institute for Environmental Health Assessment at Southeast Missouri State University
St. Louis Integrated Health Network
Truman Institute of Public Policy and Center for Health Policy at University of Missouri

...and many local school districts and community health centers



Our School Partners

2021

Charleston R-I School District
Columbia Public Schools
Grandview R-II School District
Kennett Public Schools
Kansas City Public Schools
North Kansas City Schools
University City School District
Poplar Bluff School District
Mexico School District #59

as of April 2021



Let's work together.

All are welcome.

For information about the Missouri Asthma Prevention and Control Program,
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